

For official use only:
Customer Name

Customer No.

PD F 1025 E
Department of the Treasury
Bureau of the Public Debt
(Revised December 2001)

**CLAIM FOR LOST, STOLEN, OR DESTROYED
UNITED STATES REGISTERED SECURITIES**

OMB No. 1535-0014

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

1. Describe the securities in the spaces below.

TITLE OF SECURITY (Identify by interest rate, title, call and maturity dates)	SERIAL NUMBER	FACE AMOUNT	REGISTRATION (Exact inscription on each security)

(If you need more space to describe your securities, use the continuation sheet on page 3.)

TAXPAYER IDENTIFYING NUMBER: _____ **OR** _____
(Social Security Number) (Employer Identification Number)

2. Are you the present lawful owner of the securities in your own right? Yes ☐ No ☐

If you are not the owner, in what capacity are you acting?

3. Were the securities ever assigned, endorsed, or transferred in any manner? Yes ☐ No ☐

If Yes, to whom? (Give name, address and other details.)

4. Were the securities:

- Lost? Yes ☐ No ☐
- Stolen? Yes ☐ No ☐

Date of theft: _____

Was a police report filed? Yes ☐ No ☐ *If Yes, attach a copy of the report.*

- Destroyed? Yes ☐ No ☐ *(Send any remaining pieces with this form.)*

When was the loss discovered? _____

Who had the securities last, and why? _____

Who had access to the securities? _____

Where were the securities last placed? _____

When were the securities last seen? _____

- Were any identification documents also lost or stolen? Yes ☐ No ☐

If **Yes**, please list them. _____

- Have you received reimbursement because of the loss? Yes ☐ No ☐ *If Yes, please explain fully, and include the name and address of the person or firm making reimbursement, the amount of the reimbursement, and the details of any court proceedings pending or contemplated.*

What have you done to recover the securities? _____

Tell us the names of any other persons having knowledge of the loss. _____

5. If you have been appointed legal representative (see Item 5 in the Instructions):

- What is your legal capacity? _____
- Are you court appointed? Yes ☐ No ☐

6. If a minor is named on the securities:

- What is his/her age? _____
- What is his/her social security number? _____
- What is your relationship to the minor? _____

7. We severally petition the Secretary of the Treasury for relief as authorized by law, and if relief is granted, acknowledge that the original securities become the property of the United States. Upon the granting of relief, we assign all our right, title, and interest in the original securities to the United States and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally: (1) to surrender the original securities to the Department of the Treasury if they are recovered; (2) to hold the United States harmless due to any claim by any other parties having, or claiming to have, interests in these securities; and (3) upon demand by the Department of the Treasury, to indemnify unconditionally the United States and to repay to the Department of the Treasury all sums of money which the Department may pay due to the redemption of these original securities, including any interest, administrative costs and penalties, and any other liability or losses incurred as a result of the redemption. We consent to the release of any information contained in this form or regarding the securities described to any party having an ownership or entitlement interest in these securities.

We certify under penalty of perjury and severally affirm and say that the securities described on this form have been lost, stolen, or destroyed and that the information given is true to the best of our knowledge and belief.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign here:

(Signature)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

(Social Security Number) OR (Employer Identification Number)

(Daytime Telephone Number)

(E-Mail Address)

Sign here:

(Signature)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

(Social Security Number) OR (Employer Identification Number)

(Daytime Telephone Number)

(E-Mail Address)

Certifying Officer – The individuals must sign in your presence. Complete the certification and affix your stamp or seal.

I CERTIFY that _____
whose identity is well-known or proved to me, personally
appeared before me this _____ day of _____ ,
(Month)
_____, at _____ ,
(Year) (City) (State)
and signed this form.

(Signature of Certifying Officer)

**(OFFICIAL STAMP
OR SEAL)**

(Title of Certifying Officer)

(Address)

*For Notaries: My
Commission Expires*

I CERTIFY that _____
whose identity is well-known or proved to me, personally
appeared before me this _____ day of _____ ,
(Month)
_____, at _____ ,
(Year) (City) (State)
and signed this form.

(Signature of Certifying Officer)

**(OFFICIAL STAMP
OR SEAL)**

(Title of Certifying Officer)

(Address)

*For Notaries: My
Commission Expires*

Continuation of description of securities in Item 1:

TITLE OF SECURITY (Identify by interest rate, title, call and maturity dates)	SERIAL NUMBER	FACE AMOUNT	REGISTRATION (Exact inscription on each security)

(If you need more space to describe your securities, use a continuation sheet and attach it to the form.)

INSTRUCTIONS

USE OF FORM – *Do not use this form for United States Savings Bonds, Retirement Plan Bonds, or Individual Retirement Bonds.*

Use this form to apply for relief on account of loss, theft, or destruction of United States registered securities and registered securities for which the Treasury Department acts as transfer agent. A bond of indemnity will ordinarily be required for transferable securities but only on a form that will be provided, when necessary. The Secretary of the Treasury reserves the right to require additional evidence in any particular case.

COMPLETION OF FORM – Print clearly in ink or type all information requested. If more space is needed for any item, use a plain sheet of paper and attach it to this form.

- ITEM 1.** Describe the securities. Provide as much information as possible. Show the owner's social security number or the employer identification number, if one has been assigned.
- ITEM 2.** Tell us if you are the owner of the securities by marking the appropriate box. If you are not the owner, tell us the capacity in which you are acting. If you have been appointed legal representative, see Item 5 for further information and/or evidence required to support your application.
- ITEM 3.** Tell us if the securities have ever been assigned, endorsed, or transferred by marking the appropriate box. If so, furnish the name, address, and any other details regarding the person to whom the securities were assigned, endorsed, or transferred.
- ITEM 4.** Check each box that applies. Provide complete details regarding the loss, theft, or destruction of the securities. If another person had possession of the securities or knowledge of the circumstances of the loss, that person must provide a separate statement explaining the circumstances.
- ITEM 5.** If you were appointed as legal representative because
- the owner is deceased (with no surviving coowner or beneficiary named on the securities), or
 - the owner or coowner is a minor, or
 - the owner or coowner is incapacitated,
- complete the form and submit a court certificate or certified copy of your letters of appointment, under court seal, showing the appointment is still in full force.
- If your name and official capacity are shown in the registration of the securities, evidence of your appointment is **not** necessary.
 - If no legal representative has been appointed for a deceased or incompetent owner, advise the Bureau of the Public Debt and additional instructions will be provided.
- ITEM 6.** If a minor is named on the securities, show the minor's age and social security number, and tell us your relationship to the minor.
- ITEM 7.** Sign the form in ink, print your name, and provide your address, daytime telephone number, and e-mail address, if applicable. Your signature must be certified (see **CERTIFICATION** below).

CERTIFICATION – You must appear before and establish identification to the satisfaction of an authorized certifying officer, a notary public, or other officer authorized by law to administer oaths and sign the form in the presence of the officer. The certifying officer must complete the certification forms provided and affix the seal or stamp used when certifying requests for payment. A notary public or similar officer must also show the expiration date of his/her commission. Authorized certifying officers are available at banking institutions, including credit unions, in the United States. For a complete list of such officers see Department of the Treasury Circular No. 300, current revision, 31 CFR 306.

WHERE TO SEND – Send the completed form, and any additional information or evidence, to the Bureau of the Public Debt, Marketable Assistance Branch, PO Box 426, Parkersburg, WV 26106-0426.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 55 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown in "WHERE TO SEND" in the Instructions.**